

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024685

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No. (002) Registrar's No.

3238

STATE FILE NUMBER

FILED JUL 5 1963

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN **Kansas City**

Length of stay in 1b

15 Years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION **General Hospital No. 1**

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTY **Jackson**c. CITY OR TOWN **Kansas City**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

409 East Armour Blvd.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Ola

Middle

Belle

Last

Winter

4. DATE OF DEATH

Month

June

Day

4, 1963

Year

5. SEX

Female

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-22-1873

9. AGE (last birthday)

90

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

Housewife - At Home

10b. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (City and state or country)

Illinois**U.S.A.**

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

James G. Griffin

13b. MOTHER'S MAIDEN NAME

Mary F. Kent

14. NAME OF HUSBAND OR WIFE

James Winter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

**1823 Gray Street
David Hoverson, St. Joseph, Mo.**

18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive heart failure

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease with generalized**Arteriosclerosis**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6-3-63

to

6-4-63

and last saw her alive on

6-4-63Death occurred at **9:52 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

2400 Cherry Street, K.C. Mo. 6-5-63

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-7-63

23c. NAME OF CEMETERY, OR CREMATORY

Floral Hills Cem.

23d. LOCATION (City, town, or county)

Kansas City, Mo.

(State)

24. FUNERAL DIRECTOR

D.W. Newcomer's Sons, Kansas City, Mo.

ADDRESS

1951 Brush Creek

DATE RECD. BY LOCAL REG.

6-7-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

Frank Ellis

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4096

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.